



Public Health

Idaho North Central District

Nez Perce County
215 10th Street
Lewiston, ID 83501
(208) 799-3100
Fax (208) 799-0349

Latah County
333 E Palouse River Drive
Moscow, ID 83843
(208) 882-7506
Fax (208) 882-3494

Clearwater County
105 115th Street
Orofino, ID 83544
(208) 476-7850
Fax (208) 476-7494

Idaho County
903 West Main
Grangeville, ID 83530
(208) 983-2842
Fax (208) 983-2845

Lewis County
132 N Hill Street
P O Box 277
Kamiah, ID 83536
(208) 935-2124
Fax (208) 935-0223

APPLYING FOR A SEWAGE PERMIT

Step 1: Complete the Application

Fill out all requested information on the application and sign at the bottom both the application and plot plan.

You will need:

- **Legal description and parcel number** (found on your deed, property tax statement, or through the County Assessor's Office).

Step 2: Provide Required Plans

Submit the following with your application:

- **Proposed plot plan** (form provided)
 - Must show property boundaries, existing features (well, streams, easements, cut banks etc.), improvements, and the **proposed sewage system location and replacement area**. A sample plot plan is included for reference
- **Floor plan**
 - Required for **all new construction or any modification to an existing structure**

Step 3: Pay the Permit Fee

Permit fees must be paid in full at the time the application is submitted.

Please confirm the correct fee with an Environmental Health Specialist before submitting payment.

- Make checks payable to **PH-INCD** and mail or deliver payment to the Public Health office serving your area

Permit Fee Schedule

- **New Sewage Permit: \$1,100***
 - *Fee reduction applies if a Speculative Evaluation was completed within the past year:*
 - **\$300 reduction if paid before January 1, 2026**
 - **\$450 reduction if paid on or after January 1, 2026**
- **Repair/Replacement/Expansion/Tank Only Sewage Permit: \$450**

Step 4: Site Evaluation

Once the completed application **and payment** are received, call your local Environmental Health Specialist to schedule a site evaluation.

Typical site evaluation requirements include:

- A minimum of **two (2) test holes dug at least 50 feet apart** in the proposed disposal area dug to **8' depth**
- Holes must be **sloped** so the EHS can safely enter if necessary

⚠ Test holes may need to be deeper depending on site conditions. Always check with the EHS before digging.

Phone numbers for Public Health District offices are listed in the letterhead. If you need legal or parcel information, contact your County Assessor.

APPLICATION-Subsurface Sewage Disposal, Page 1



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Fee Paid:	(Official Use Only)
	Check #
Receipt #:	Computer #
Date :	<input type="checkbox"/> LPV

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Property Address (if available):

Legal Description:	Section:	Township:	Range:	County:	City	Zip
Subdivision:					Lot	Block
Directions (nearest crossroad):						Acres:

Applicants Name: _____ Email: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Applicant is : Landowner Contractor Installer Other _____

Owners Name : _____ Email: _____

Mailing Address : _____ Phone #: _____

City : _____ State: _____ Zip Code: _____

Check one: Corporation Partnership Partners (if any) _____

Sole Proprietor/Owner **If checked Legal Verification of Lawful Presence Form Required**

Type of Septic Installation : New Expansion Repair Tank Only Speculative Site Evaluation

Proposed Usage : Residential Non-Residential Other (i.e. barn, shop, etc.)

Central (more than two dwellings) Large Soil Absorption (2,500 gal/day or ten or more dwellings) # of Units: _____

Is there an existing structure on this parcel? Yes No Year Built: _____

Number of Bedrooms: (residential only) _____ Number of bathrooms: _____

Number of People: _____ Square Footage: _____ Garbage Disposal? Yes No

Non-Residential Flow Design: _____ Average: (gallons per day (gpd)) _____ Peak: (gpd) _____

Foundation Type : Basement Crawl Space Split Level Slab

Property is located : Inside City Inside County

Zoning certificate or other county documentation submitted? Yes No N/A

City sewer or central wastewater collection system 200 feet or less to structure? Yes No

Water Supply : Private Well Shared Well Public Water System, Number: _____
(Non-Public)

Power Company (Idaho County Only) Avista Idaho Power Idaho County Light and Power

SIGNATURE: _____ DATE: _____

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I accept the responsibility to notify the Health District of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation. I understand that the application will expire two (2) years from date of purchase. The permit, when issued, may be renewed if the renewal is applied for on or before the expiration date.



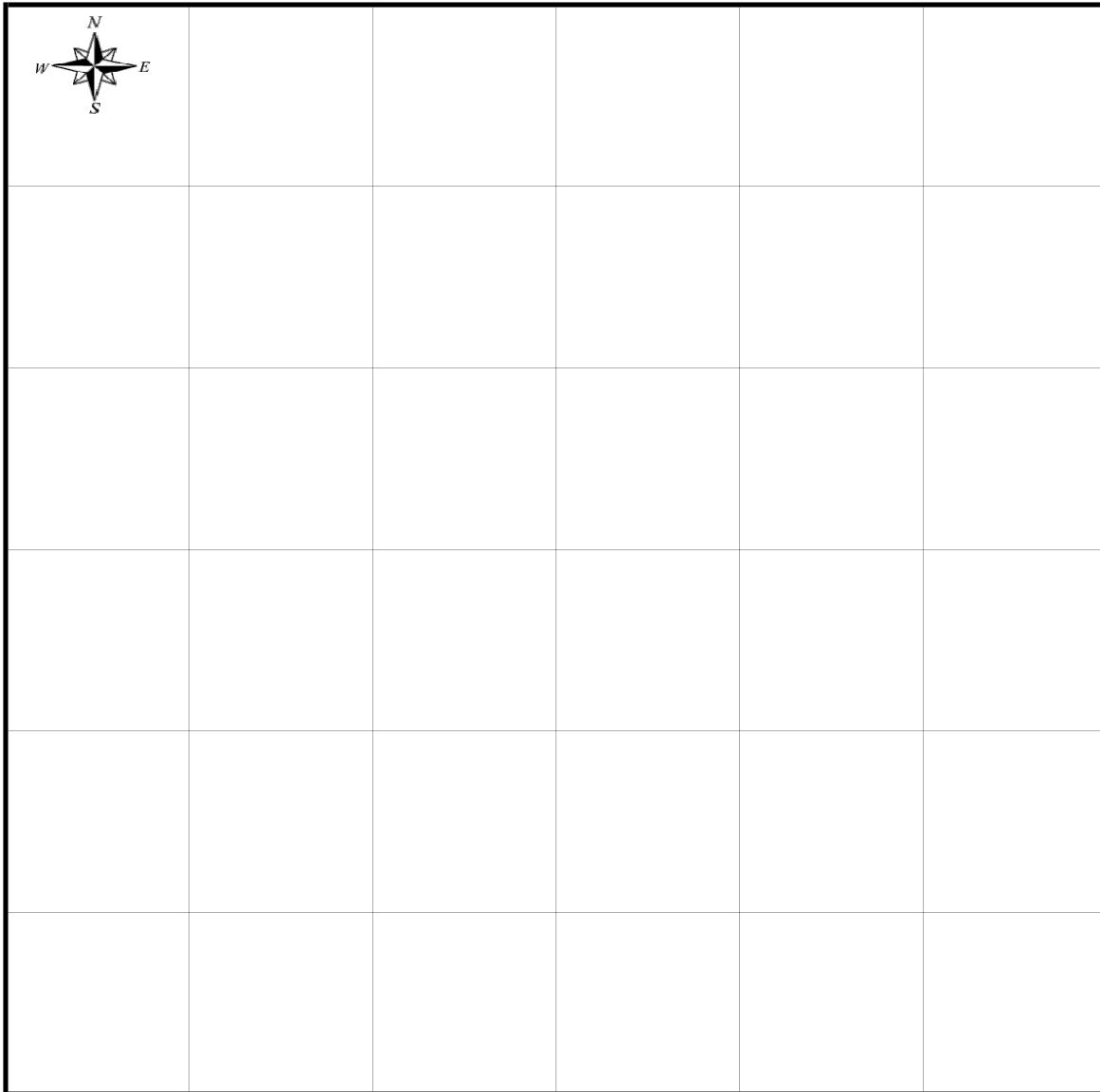
Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

Please draw an aerial view of the property showing the outline of buildings, property lines, well location(s), water lines, location of septic tank and drainfields, location of drainfield replacement area, ditches and streams, easements and right of ways, driveway and parking area, cut banks, and location of street or road. Indicate dimensions and separation distances of each from septic tank and drainfield.

PLOT PLAN

SCALE: 1" = _____'



Public Health - INCD, Lewiston, ID 83501, Phone: 208-799-3100 Fax: 208-799-0349

SIGNATURE: _____ **DATE:** _____

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I understand that any deviation from the plans, conditions, and specifications, is prohibited unless it is approved in advance by the Director or his designee. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation.

(Official Use Only)

Permit # _____

Parcel # _____

Computer # _____

Plot Plan Approval Date: _____ EHS Name: _____ EHS #: _____

